Nutritional Security: An Ethical Imperative of the 1990s

Address by
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at the
International
Conference
on Nutrition

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unicef

In an address before the International Conference on Nutrition, in Rome on 7 December 1992, UNICEF Executive Director James P. Grant stresses that the world is "fully capable of preventing the malnutrition affecting some 200 million children today" and proposes a strategy for achieving nutritional security based on three components: providing access to appropriate quantities and types of food for each household; ensuring access to basic health services, and to a healthy environment; and providing care for children and women in their families and communities. He stresses the importance of exclusive breastfeeding for the first four to six months of a child's life; of universal iodization of salt to prevent the world's single largest cause of mental retardation and goitre; of providing children with vitamin A to prevent blindness and early death due to a lack of this micronutrient; and of efforts to refine techniques for reducing iron deficiency anaemia. Addressing delegations from 159 countries and scores of international agencies and NGOs, he emphasizes that achievement of a 50 per cent reduction in severe and moderate malnutrition among children by the year 2000, one of the key goals set at the 1990 World Summit for Children, "will most certainly require special efforts in the regions most affected . . . and a coordinated effort in many sectors – health, food, agriculture, education and industry, water and sanitation, and a strong degree of popular participation."

The World Declaration on Nutrition issued by the Rome Conference is included as an appendix.

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It is a great pleasure to address the International Conference on Nutrition (ICN), and to take part with you in a process that will ultimately solve one of the *most serious* and *most embarrassing* problems in the world today — the problem of mass hunger and malnutrition. The problem is *serious* because it effects hundreds of millions of people, and it affects innocent children most severely. It is *embarrassing* because the world has the knowledge and the means to solve the problem of widespread hunger and malnutrition. This Conference is therefore both important and timely. I would like to congratulate the World Health Organization (WHO) and the Food and Agriculture Organization (FAO) for preparing and arranging this first International Conference on Nutrition which has already created great expectations.

A first call for children

We are now three years into the 1990s, the decade that will end this extraordinary millennium. I am confident that, *when children are concerned*, these three years will be recorded in history as a brief, historically unprecedented period when humankind took stock of the condition of its children, measured its capacity for improvement, and reached a rapid and reasoned consensus on quantifiable goals for change by the year 2000.

This ethical and practical change is best exemplified by the speed with which the nations of the world ratified the Convention on the Rights of the Child after its adoption by the UN General Assembly on 20 November 1989. That 'Magna Carta' for children and youth came into force on 2 September 1990 and has now been ratified by 126 countries. Article 6 of the Convention commits States Parties to ensure, to the maximum extent, the survival and development of the child. Article 24

amplifies this by spelling out specifically what is expected of States to ensure the provision of health and education, to combat disease and malnutrition through the provision of adequate nutritious diets, and to ensure that all segments of society have basic knowledge of child health and nutrition, including the advantages of breastfeeding and the importance of hygiene and sanitation.

We also saw this historic ethical shift in the unanimous agreement reached at the World Summit for Children on 30 September 1990. The meeting agreed on the principle of "a first call for children" which stresses that each society, each community and each family must make provision for meeting all children's essential needs, whether times are good or bad, whether there is war or peace. The UNICEF nutrition strategy focuses on empowering these groups, particularly women, to make better decisions for effective use of their resources and to strengthen existing coping mechanisms.

The world's leaders agreed on 7 major goals and 20 supporting goals, almost all specific and measurable, to be met by the year 2000, for dramatically improving the lives of children and women at an affordable cost. The majority of these goals affect the nutrition of children and women. Many of these goals were drawn from earlier decisions of the World Health Assembly and the FAO Council. At the Earth Summit in Rio this summer, all of the World Summit goals were incorporated as an integral component of Agenda 21.

The initiative begun at the World Summit is now being pursued in over 135 countries where National Programmes of Action for children have been, or are in the process of being, developed. During the last few months, ministerial consultations on the implementation of National Plans of Action have been held in Latin America, at the invitation of President Salinas of Mexico, in South Asia under the auspices of the South Asia Association for Regional Co-operation (SAARC), and in Africa and in the Arab States under the auspices of the Organization of African Unity and the League of Arab States, respectively. At each of these meetings it was also agreed that a set of intermediate targets in health and nutrition should be adopted in each country

because they could be achieved by the end of 1995 – just three years from today.

For the first time, then, the world – countries, regions, global institutions, as well as many NGOs – is engaged in medium- to long-term planning for the young. UNICEF hopes and trusts that the ICN World Declaration and the Plan of Action will provide a renewed endorsement and further amplification of these agreed upon goals. UNICEF further hopes that the national plans for improving nutrition will build on and become integrally linked with the National Programmes of Action for achieving the goals of the World Summit for Children and of Agenda 21.

The fragile first few years

The first few years of a child's life are crucial. That is when the overwhelming majority of child deaths occur, and when the pattern of future growth and development is established for those who survive. It is also when the external circumstances of poverty inflict the greatest and longest-lasting damage on the minds and bodies of millions of children, perpetuating disadvantage from generation to generation. The World Summit for Children Plan of Action identified a variety of low-cost, high-impact ways families, communities and governments can prevent the worst aspects of poverty from affecting children's normal growth and development during those vulnerable months and years.

The world's leaders said, in effect, that every young child's start in life can and must be afforded the protection routinely given children who are fortunate enough to be born into more favorable circumstances. Doing so, they reasoned, would be the best way to break the cycle of poverty and underdevelopment that keeps individuals and nations from realizing their full potential. Historical experience – most recently, the impressive success of the Asian Newly Industrializing Countries (NICs) – confirms the wisdom of policies that promote heavy, long-term investment in human development.

By such means as immunization, growth monitoring and promotion, the proper management of diarrhoeal diseases and respiratory infections, supplementing vitamin A, iron and iodine,

facilitating breastfeeding, well-targeted food subsidies, and low-cost water and sanitation services, it is now possible to broaden and strengthen basic protections for children during their most vulnerable years and give them the best possible start in life.

Critical, of course, among the objectives set at the World Summit for Children is the goal of reducing by half the number of under-five-year-olds with severe and moderate malnutrition, by the year 2000. That promise, though driven by a moral imperative, was grounded in the reality of our current capacity: we are fully capable of preventing the malnutrition affecting some 200 million children in the world today. By controlling malnutrition, we will also be contributing to the achievement of the key World Summit for Children goal of cutting child mortality by one third. Experts estimate that malnutrition is a factor in 30 to 40 per cent of the 13 million child deaths that occur each year. It follows, then, that once malnutrition is cut in half, we will – each year – be giving two to three million of those children much of the armour they need to fend off deadly diseases. Additional millions will be spared physical and mental disabilities.

Regarding the issue of access to food, we know that more than enough food is produced. The vast majority of people and families provide for themselves; the poor can be helped to do so. Through well-targeted programmes, the State has the obligation to help feed the small percentage who simply cannot provide for themselves.

A child's capacity to grow and sustain appropriate levels of activity depends on nutrients in his or her diet, but that capacity for healthy development is also influenced by the child's exposure to infections, which can compromise the appetite and the body's ability to absorb and utilize nutrients. Our understanding of the interrelationship between malnutrition, disease and death is increasingly well understood; however, when the causes of child mortality are sought, many people still underestimate the role of protein-energy malnutrition and micronutrient deficiencies.

The malnutrition triad

Compared with the risks facing a well-nourished child, the risk of death from several of the most common childhood diseases is ***doubled*** for a mildly

malnourished child, *tripled* for a moderately malnourished child, and multiplied more than *10 times* for a severely malnourished child. A child does not have to be severely malnourished in order to face a critical increase in his or her chance of dying of a disease; a lack of only 200-300 calories in a young child's daily diet is often the difference between normal growth and the faltering that starts the descent toward illness and death. Up to 80 per cent of all children who die of causes related to malnutrition are only mildly to moderately malnourished.

Access to food is obviously only part of the problems leading to malnutrition. What we seek is *nutritional security* for all, and as we at UNICEF see it, nutritional security is made up of three components. First, it requires access to appropriate quantities and types of food for each household. Second, it requires access to basic health services, and to a healthy environment. Third, care for children and women in their family and community environment is necessary. Unlike many previous gatherings on nutrition focusing exclusively on food, this Conference has adopted a more comprehensive approach. It thus has the potential to give a decisive boost to strategies that work for *all* of the conditions that determine nutritional security.

What can be done to ensure nutritional security to which each and every child has a *right*? UNICEF's experience tells us that lasting solutions require the mobilization of the very fabric of societies in pursuit of shared goals, and the empowerment of the disenfranchised to change and improve their own lives – in this case to strengthen their individual nutritional security. On the community level, the triple-A approach has proved effective: community involvement in the *assessment* of the situation; *analysis* of the causes; and appropriate *action* to educate and empower families to address the range of issues contributing to malnutrition. It is only through a process of learning and participation that people become shareholders in the futures of their children and their nations.

Breastfeeding

Where do learning and participation begin? I would suggest, where they are least expensive and most likely to succeed. Facilitating breastfeeding as a

means of meeting standards of nutrition fits both criteria. Exclusive breastfeeding of infants for the first four to six months of life is the single human activity that simultaneously fulfills the three conditions for nutritional security I defined above. As if to consciously illustrate the innate desire to fulfill those conditions, just moments after birth, a newborn is able to grope his or her way, with minimal guidance to the mother's breast – a source of appropriate food, health protection, and nurturing care.

The Innocenti Declaration, which articulates the breastfeeding goal and strategy for the 1990s, has now been adopted as policy by the World Health Assembly and the UNICEF Executive Board. This declaration, developed by your governments during 1990, continues to guide our two agencies' actions to improve infant and child feeding.

The reason for this commitment is clear. The last 10 to 15 years have produced clear evidence of how the process of breastfeeding is a health-producing behavior. Not only does it reduce morbidity and mortality from the common childhood diseases, it also improves the well-being of women. However, I wonder how many of us are aware that exclusive breastfeeding for the first four to six months is the *only* human activity that fulfills the three necessary conditions for good nutrition: food, health and care.

There are also additional advantages. Breastfeeding will protect the mother from pregnancy as effectively as other methods. We know that today, in many societies, contraceptives are either unavailable or unacceptable. In these societies it is breastfeeding that is protecting couples from unwanted pregnancies. When breastfeeding ceases to be exclusive and contraceptives are still unavailable, the consequence is often too closely spaced births.

Ensuring that women receive all the support they need to practice this child feeding ideal during the first two years of life requires not only correct information and education, but also protection from misinformation and provision of adequate maternity entitlements that allow women to combine breastfeeding, child care and work.

The first attempt to protect breastfeeding was the International Code of Marketing of Breastmilk Substitutes adopted in 1981. This was followed by

the Innocenti Declaration, the Convention on the Rights of the Child, and the World Summit for Children's breastfeeding goal – as well as WHO and UNICEF's 'Baby-Friendly Hospital Initiative' (BFHI). The BFHI seeks to recognize hospitals and maternity centres that dispel myths about infant feeding and replace them with appropriate practices, support and information for mothers and health-care workers. Ending the distribution of free and low-cost supplies of infant formula to hospitals is essential. The International Association of Infant Food Manufacturers' welcomed commitment to end this practice in developing countries by the end of this month is a breakthrough. It is hoped that an end to this detrimental marketing practice is imminent in the industrialised world as well.

Sustained breastfeeding through the second year makes it possible for most poor households to provide their babies with adequate diets by preparing complementary foods from their regular food resources. Expensive, commercially produced, so-called "weaning foods" are not needed. However, during these vulnerable weeks and months, it is critically important that the child be fed frequently with a diet dense in nutrients and energy, sufficient to fuel the extraordinarily rapid and complex process of physical and mental growth of the first few years of life.

The promotion of breastfeeding must not be used as an excuse to exclude women from the labour force. The burden should no longer fall on women to choose between breastfeeding and participation in work. The burden is on society to facilitate breastfeeding and indeed childcare. As a start, we should examine how every programme we develop or support affects the capacity of mothers to breastfeed and to care for their children. Where such a programme or policy makes it impossible for a woman to practice the ideal child-feeding pattern, the option should no longer be replacement of breastfeeding with artificial feeding, but the redesign of the programme.

As we seek to expand the protection past the age of exclusive breastfeeding, it is logical to look to the nutritional security triad to learn how that shield continues to work into early childhood. It is well

known that when infants reach the age of four to six months, they encounter new problems. Around this age, there are new foods, new drinks, new caretakers, new environments and new pathogens. No longer dependent on a single source of food, health, and care, i.e. the mother, the young child is suddenly vulnerable to the consequences of inadequate supplies of food, to threats to health, and to the possibility of reduced care, as the mother is faced with often conflicting demands on her time, including childcare.

There is a growing realization that significant progress toward reducing malnutrition will require an all-out assault on diarrhoea, which is a major cause – perhaps even *the* major cause – of malnutrition among the developing world's children. Frequent diarrhoeal disease stunts the child's normal growth by reducing the appetite, inhibiting the absorption of food, burning up calories in fever, and draining away nutrients from the body. Over the past decade, use of oral rehydration therapy (ORT) to prevent death from dehydration among young children has increased to one family in three in the developing world and is now saving a million lives a year. Now ORT must be extended to *all* households and the campaign must be broadened to prevent malnutrition through continued feeding (especially breastfeeding) throughout the bout of diarrhoea, and then giving the child an extra meal a day for at least a week after the episode is over.

Micronutrients

The significance of micronutrient deficiencies – inadequate iodine, vitamin A or iron – in undermining the development of a vast proportion of the world's population is now fully recognized. As the first major follow-up to the World Summit for Children, the October 1992 Montreal Policy Conference on Ending Hidden Hunger, clearly demonstrated that the micronutrient goals are achievable. Interventions to eradicate or reduce these deficiencies are known and well within the capabilities of countries where the problems exist.

Vitamin A deficiency may cause blindness, immune system failure and contribute to childhood death and disease. It affects 40 million children under 5, yet simple precautionary measures are available to

prevent such deficiency. Families must be motivated to recognize and address the need for this critical micronutrient. By providing foods rich in vitamin A, or by semi-annually supplementing children's diets with vitamin A capsules, the world can eradicate this serious health problem.

Lack of iodine is the world's primary cause of mental retardation. One billion people are presently at risk of iodine deficiency. In many places, iodine deficiency disorders — IDD — threaten to reduce the impact of investments in basic education. That humankind has possessed the knowledge and the means to eliminate IDD for decades makes the scourge of IDD especially scandalous. We know that the main technical solution — iodizing salt — is feasible, for almost all societies. The terrible threat of IDD for the well-being of people, in a situation where simple solutions are available, ought to compel governments, private industries, communities and parents to work in unison to eliminate IDD. If countries choose to do so, the goal of eliminating IDD can be reached well before the year 2000. It is heartening that the governments of South Asia, Latin America and Africa have already committed themselves to the goal of the virtual elimination of iodine deficiency by 1995. We expect China to achieve this goal too.

Although we know that nutritional anaemia is the most widespread form of malnutrition, little has been accomplished in terms of providing adequate iron for millions of women and children throughout the world. While we need to continue iron folate supplementation, there is much promise in the emerging technology of double fortification of salt with iron and iodine. The refinement, testing and implementation of this technology should be vigorously pursued. Using such techniques, a major impact in lowering the incidence of iron deficiency anaemia could be made at relatively low cost.

Our goals are attainable

Development efforts that ensure the triad of conditions that result in nutritional security have already had encouraging results. The prevalence of protein-energy malnutrition (as measured by underweight) in the developing world has decreased from

42 per cent in 1975 to 38 per cent in 1990. However, because of the steady increases in population, the number of malnourished children has actually increased during that same period, from 164 million to 184 million. This global reduction rate also masks significant disparities between regions. While South America has seen a 50 per cent reduction in the prevalence of protein-energy malnutrition over the last 15 years, the rates have not been lowered in Sub-Saharan Africa — where drought and civil conflicts have teamed up to provoke massive tragedy — and the scale of the problem in South Asia is simply staggering, where 100 million of the world's malnourished children now live.

Thus far, our goals and our knowledge lead us to two clear conclusions: the achievement of a 50 per cent reduction in severe and moderate malnutrition by the year 2000 will most certainly require special efforts in the regions most affected. It will also require well-defined strategies to ensure household nutritional security. It is essential to empower parents and other caregivers with the knowledge and skills they need to provide their children with the food, health and care they need and to which they are entitled.

We live in an extraordinary era; our vision of how the world ought to be is finally supported by our knowledge of how to make it so. As the 21st century nears, what *should* be done in the field of health often *can* be done, as demonstrated by the spectacular success of the global immunization effort which is now reaching four out of five infants and is saving the lives of more than three million children per year.

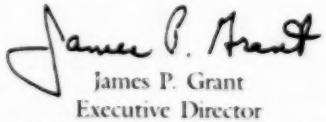
The question for the years immediately ahead is whether people and organizations in all countries and at all levels are prepared to provide the same support to the new goals that have been agreed upon — such as our nutrition goals — and to the National Programmes of Action that most countries have drawn up for achieving them. Only through the practical and political energies of millions of people and thousands of organizations, will the new commitments and promises of the 1990s be realized.

Achieving the goals for the 1990s will require a coordinated effort in many sectors — including health, food, agriculture, education and industry, water and

sanitation — as well as a strong degree of popular participation. This should be borne in mind when we now finalize the ICN Declaration and Plan of Action. At the international level, the ACC/SCN is the appropriate mechanism for harmonization and coordination of the various agencies' policies and strategies. Monitoring is essential and all agencies will have to continue to contribute to improved monitoring. The ACC/SCN Secretariat should continue to compile data and report on the nutrition situation in the world as it has done so well in the recent World Nutrition Report.

Never before has there been greater consensus and potential commitment to human development. There is a need to increase and sustain the share of Offical Development Assistance (ODA) committed to meeting priority human needs. We agree with the United Nations Development Programme's 1991 recommendation that the share of ODA devoted to these purposes should be increased from its current level of less than 10 percent to at least 20 percent. We also agree with the Dakar Consensus of late November this year of more than 40 African and industrial countries on the need to make every effort "to promote debt cancellation or relief for African countries, especially in support of African actions directed at child survival, protection and development in line with the goals of the World Summit for Children."

The goals of the World Summit for Children represent a ***moral minimum*** that cannot be ignored in an increasing democratic world. There is greater recognition in practice of a ***right to food***, even if the sovereignty of countries is to be challenged, as in the case of Somalia today. This conference must address such challenges; it must be an important milestone in our joint endeavor to solve the age-old problem of hunger and malnutrition.



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7 December 1992

ANNEX I

WORLD DECLARATION ON NUTRITION

1. We, the Ministers and the Plenipotentiaries representing 159 states and the European Economic Community at the International Conference on Nutrition (Rome, December 1992), declare our determination to eliminate hunger and to reduce all forms of malnutrition. Hunger and malnutrition are unacceptable in a world that has both the knowledge and the resources to end this human catastrophe. We recognize that access to nutritionally adequate and safe food is a right of each individual. We recognize that globally there is enough food for all and that inequitable access is the main problem. Bearing in mind that right to an adequate standard of living, including food, contained in the Universal Declaration of Human Rights, we pledge to act in solidarity to ensure that freedom from hunger becomes a reality. We also declare our firm commitment to work together to ensure sustained nutritional well-being for all people in a peaceful, just and environmentally safe world.

2. Despite appreciable worldwide improvements in life expectancy, adult literacy and nutritional status, we all view with the deepest concern the unacceptable fact that about 780 million people in developing countries - 20 per cent of their combined population – still do not have access to enough food to meet their basic daily needs for nutritional well-being.

3. We are especially distressed by the high prevalence and increasing number of malnourished children under five years of age in parts of Africa, Asia and Latin America and the Caribbean. Moreover, more than 2,000 million people, mostly women and children, are deficient in one or more micronutrients: babies continue to be born mentally retarded as a result of iodine deficiency; children go blind and die of vitamin A deficiency; and enormous numbers of women and children are adversely affected by iron deficiency. Hundreds of millions of people also suffer from communicable and non-communicable diseases caused by contaminated food and water. At the same time, chronic non-communicable diseases related to excessive or unbalanced dietary intakes often lead to premature deaths in both developed and developing countries.

4. We call on the United Nations to consider urgently the issue of declaring an International Decade of Food and Nutrition, within existing structures and available resources, in order to give additional emphasis to achieving the objectives of this World Declaration on Nutrition. Such consideration should give particular emphasis to the food and nutrition problems of Africa, and of Asia, Latin America and the Caribbean.

5. We recognize that poverty and the lack of education, which are often the effect of underdevelopment, are the primary causes of hunger and undernutrition. There are poor people in most societies who do not have adequate access to food, safe water and sanitation, health services and education, which are the basic requirements for nutritional well-being.

6. We commit ourselves to ensuring that development programmes and policies lead to sustainable improvement in human welfare, are mindful of the environment and are conducive to better nutrition and health for present and future generations. The multifunctional roles of agriculture, especially with regard to food security, nutrition, sustainable agriculture and the conservation of natural resources, are of particular importance in this context.

We must implement at family, household, community, national and international levels, coherent agriculture, animal husbandry, fisheries, food, nutrition, health, education, population, environmental, economic and social policies and programmes to achieve and maintain balance between the population and available resources and between rural and urban areas.

7. Slow progress in solving nutrition problems reflects the lack of human and financial resources, institutional capacity and policy commitment in many countries needed to assess the nature, magnitude and causes of nutrition problems and implement concerted programmes to overcome them. Basic and applied scientific research, as well as food and nutrition surveillance systems, are needed to more clearly identify the factors that contribute to the problems of malnutrition and the ways and means of eliminating these problems, particularly for women, children and aged persons.

8. In addition, nutritional well-being is hindered by the continuation of social, economic and gender disparities; of discriminatory practices and laws; of floods, cyclones, drought, desertification and other natural calamities; and of many countries' inadequate budgetary allocations for agriculture, health, education and other social services.

9. Wars, occupations, civil disturbances, and natural disasters, as well as human rights violations and inappropriate socio-economic policies, have resulted in tens of millions of refugees, displaced persons, war-affected non-combatant civilian populations and migrants, who are among the most nutritionally vulnerable groups. Resources for rehabilitating and caring for these groups are often extremely inadequate and nutritional deficiencies are common. All responsible parties should cooperate to ensure the safe and timely passage and distribution of appropriate food and medical supplies to those in need, in accordance with the Charter of the United Nations.

10. Changing world conditions and the reduction of international tensions have improved the prospects for a peaceful solution of conflicts and have given us an opportunity as never before to redirect our resources increasingly towards productive and socially useful purposes to ensure the nutritional well-being of all people, especially the poor, deprived and vulnerable.

11. We recognize that the nutritional well-being of all people is a pre-condition for the development of societies and that it should be a key objective of progress in human development. It must be at the centre of our socio-economic development plans and strategies. Success is dependent on fostering the participation of the people and the community and multisectoral actions at all levels, taking into account their long-term effects. Shorter-term measures to improve nutritional well-being may need to be initiated or strengthened to complement the benefits resulting from longer-term development efforts.

12. Policies and programmes must be directed towards those most in need. Our priority should be to implement people-focused policies and programmes that increase access to and control of resources by the rural and urban poor, raise their productive capacity and incomes and strengthen their capacity to care for themselves. We must support and promote initiatives by people and communities and ensure that the poor participate in decisions that affect their lives. We fully recognize the importance of the family unit in providing adequate food, nutrition and a proper caring environment to meet the physical, mental, emotional and social needs of children and other vulnerable groups, including the elderly. In circumstances where the family unit can no longer fulfil these

responsibilities adequately, the community and/or government should offer a support network to the vulnerable. We, therefore, undertake to strengthen and promote the family unit as the basic unit of society.

13. The right of women and adolescent girls to adequate nutrition is crucial. Their health and education must be improved. Women should be given the opportunity to participate in the decision-making process and to have increased access to and control of resources. It is particularly important to provide family planning services to both men and women and to provide support for women, especially working women, whether paid or unpaid, throughout pregnancy and breastfeeding and during the early childhood period. Men should also be motivated through appropriate education to assume an active role in the promotion of nutritional well-being.

14. Food aid may be used to assist in emergencies, to provide relief to refugees and displaced persons and to support household food security and community and economic development. Countries receiving emergency food aid should be provided with sufficient resources to enable them to move on from the rehabilitation phase to development, so that they will be in a position to cope with future emergencies. Care must be taken to avoid creating dependency and to avoid negative impacts on food habits and on local food production and marketing. Before food aid is reduced or discontinued, steps should be taken to alert recipient countries as much in advance as possible so that they can identify alternative sources and implement other approaches. Where appropriate, food aid may be channelled through NGOs with local and popular participation, in accordance with the domestic legislation of each country.

15. We affirm our obligations as nations and as an international community to protect and respect the need for nutritionally adequate food and medical supplies for civilian populations situated in zones of conflict. We affirm in the context of international humanitarian law that food must not be used as a tool for political pressure. Food aid must not be denied because of political affiliation, geographic location, gender, age, ethnic, tribal or religious identity.

16. We recognize the fact that each government has the prime responsibility to protect and promote food security and the nutritional well-being of its people, especially the vulnerable groups. However, we also stress that such efforts of low-income countries should be supported by actions of the international community as a whole. Such actions should include an increase in official development assistance in order to reach the accepted United Nations target of 0.7 per cent of the GNP of developed countries as reiterated at the 1992 United Nations Conference on Environment and Development.[1] Also, further renegotiation or alleviation of external debt could contribute in a substantive manner to the nutritional well-being in medium-income countries as well as in low-income ones.

17. We acknowledge the importance of further liberalization and expansion of world trade, which would increase foreign exchange earnings and employment in developing countries. Compensatory measures will continue to be needed to protect adversely affected developing countries and vulnerable groups in medium- and low-income countries from negative effects of structural adjustment programmes.

18. We reaffirm the objectives for human development, food security, agriculture, rural development, health, nutrition and

environment and sustainable development enunciated in a number of international conferences and documents.[3] We reiterate our commitment to the nutritional goals of the Fourth United Nations Development Decade and the World Summit for Children.[4]

19. As a basis for the Plan of Action for Nutrition and Guidance for elaboration of national plans of action, including the development of measurable goals and objectives within time frames, we pledge to make all efforts to eliminate before the end of this decade:

- famine and famine-related deaths;
- starvation and nutritional deficiency diseases in communities affected by natural and man-made disasters;
- iodine and vitamin A deficiencies.

We also pledge to reduce substantially within this decade:

- starvation and widespread chronic hunger;
- undernutrition, especially among children, women and the aged;
- other important micronutrient deficiencies, including iron;
- diet-related communicable and non-communicable diseases;
- social and other impediments to optimal breastfeeding;
- inadequate sanitation and poor hygiene, including unsafe drinking-water.

20. We resolve to promote active cooperation among governments, multilateral, bilateral and non-governmental organizations, the private sector, communities and individuals to eliminate progressively the causes that lead to the scandal of hunger and all forms of malnutrition in the midst of abundance.

21. With a clear appreciation of the intrinsic value of human life and the dignity it commands, we adopt the Plan of Action for Nutrition and affirm our determination to revise or prepare, before the end of 1994, our national plans of action, including attainable goals and measurable targets, based on the principles and relevant strategies in the Plan of Action for Nutrition. We pledge to implement it.

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[3] Developed countries reaffirm their commitments to reach the accepted United Nations target of 0.7 per cent of GNP for ODA and, to the extent that they have not yet achieved that target, agree to augment their aid programmes in order to reach that target as soon as possible and to ensure prompt and effective implementation of Agenda 21. Some countries have agreed to reach the target by the year 2000. Those countries that have already reached the target are to be commended and encouraged to continue to contribute to the common effort to make available the substantial additional resources that have to be mobilized. Other developed countries, in line with their support for reform efforts in developing countries, agree to make their best efforts to increase their level of ODA." Report of United Nations Conference on Environment and Development, Rio de Janeiro, 1992, paragraph 33.13.

[4] The World Food Conference, 1974, the Alma-Ata Conference on Primary Health Care, 1978, the World Conference on Agrarian Reform and Rural Development, 1979, the Convention on the Elimination of All Forms of Discrimination Against Women, 1979, especially articles 12 and 13, the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, 1990, the Montreal Policy Conference on Micronutrient Malnutrition, 1991, the Rio Declaration on Environment and Development, 1992.

[5] See Annex II.

ANNEX II

NUTRITION GOALS OF THE FOURTH UNITED NATIONS DEVELOPMENT DECADE

Member states must give effect to agreements already reached to make all efforts to meet four goals during the decade:

(a) To eliminate starvation and death caused by famine;

(b) To reduce malnutrition and mortality among children substantially;

(c) To reduce chronic hunger tangibly;

(d) To eliminate major nutritional diseases.

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NUTRITION GOALS OF THE WORLD SUMMIT FOR CHILDREN (to be reached by the year 2000)

(a) Reduction in severe, as well as moderate malnutrition among under-5 children by half of 1900 levels;

(b) Reduction of the rate of low birth weight (2.5 kg or less) to less than 10 percent;

(c) Reduction of iron deficiency anaemia in women by one third of the 1990 levels;

(d) Virtual elimination of iodine deficiency disorders;

(e) Virtual elimination of vitamin A deficiency and its consequences, including blindness;

(f) Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year;

(g) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s; and

(h) Dissemination of knowledge and supporting services to increase food production to ensure household food security.

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